

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate BRIAN ALDRIDGEAddress P.O. BOX 2611Telephone 662-841-3833 Fax 662-670-0856Contact Name BRIAN ALDRIDGE Email _____Office Sought REP. DIST 17 Political Party REP☐ Check here if above is different from previous reportTYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	<u>\$ 1000⁰⁰</u>	<u>\$ 1000⁰⁰</u>	<u>\$ 1000⁰⁰</u>
Total amount of disbursements	<u>\$ 750⁰⁰ + \$ 292³³</u>	<u>\$ 1042³³</u>	<u>\$ 1042³³</u>
Total amount of cash on hand		<u>\$ 2761⁸³</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Brian AldridgeDate 1/31/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-376-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee BRIAN ALDRIDGE
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T ENERGY CORP PAC</u>		<u>10/15/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. BOX 650205</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>DALLAS, TEXAS</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH, INC</u>		<u>10/21/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. BOX 550</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>CLEVELAND, TN 37364</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> <u> </u> <u> </u>	\$
Mailing Address		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T</u>		<u>10/11/10</u>	\$ <u>500⁰⁰</u>
Mailing Address		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee _____
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <i>MIKE CARLSON</i>	Date (Mo., Day, Year) <i>12/20/10</i>	Amount of each disbursement this period \$ <i>750⁰⁰</i>
Mailing Address	<i>12/20/10</i>	\$
City, State, Zip Code <i>INDIANAPOLIS, IN</i>	<i>12/20/10</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <i>750⁰⁰</i>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>12/20/10</i>	\$
City, State, Zip Code	<i>12/20/10</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>12/20/10</i>	\$
City, State, Zip Code	<i>12/20/10</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>12/20/10</i>	\$
City, State, Zip Code	<i>12/20/10</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>12/20/10</i>	\$
City, State, Zip Code	<i>12/20/10</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>12/20/10</i>	\$
City, State, Zip Code	<i>12/20/10</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$